

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karoutas, Leann Moccia, Chris Herr

Legislative Solutio	ons, L.L.C.			
(Name of partnership, firm	n or corporation)			
P.O. Box 10724	Bedford	NH	03110	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
) 603- 860-3682	·)	e-mail senclegg	@aol.com	
(Telephone)	(Fax)	o man <u>oo</u>		
III. This statement covers: (Choose one reportable expense transactions which	are not attributable to	any one client).		
All reportable transactions occurring New Har		inst the Death Penalty	ne following client:	
	nt as it appears on the Lob			
<u>OR</u>	• •	,		
All reportable transactions by the lobburnelated to any particular client.	yist (including the lobby	vist's family), or the lobbying	ng firm listed below whic	
V. Date of Report April 25, 2018		July 25, 2018		
Reports cover: activity from date of regis		activity from 4/1/18 to 6/30/1	8	
October 31, 2018 \square activity from 7/1/18 to 9/30/18		January 30, 2019 \square activity from 10/1/18 to 12/31/18		
V. There have been no fees received f this box is checked, complete just this for Concord, NH 03301.				
/I. Check if additional reports are atta	iched:			
If you have received fees or made ex		Addendum A Fees and F	Expenses	
If you have paid an honorarium or reexpense Reimbursement	•		•	
If you, your firm, or your family has	made political contribut	ions, you must file Addend	um C– Political Contribu	
Sworn Statement/Affirmation by Lobb have read RSA 15, RSA 15-B, RSA 14-and complete to the best of my knowledge	C and RSA 664 and her	eby swear or affirm that the	foregoing information is	
KNUNT (luss	,	April 9, 2018		
(Signature of lobbyist)		(Da	ate)	
Robert Clegg				

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C. (Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Coalition Against the Death Penalty	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 15,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>15,000.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 15,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period	d) \$ 15,000.00
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 15,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	April 9, 2018 (Date)
Robert Clegg	· · ·
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying part	mership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave b	olank if Statement is fo	or the partnership, firm, or	corporation and not related to an	пу
particular client):	New Hampshire	Coalition Against the Dea	ath Penalty	
Date of Report (check	one):			
April 25, 2018 💆	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
			nd Expenses described above, and umber of Addendum forms being	
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
complete to the best of	my knowledge and be	titef.	nt and each Addendum is true an	ıd
(Signature of lobbyist)			(Date)	
Debra Vanderbeek (Print Name of lobbyist	······································			

State of New Hampshire Signature Form for Associated Lobbyist

RSA Chapter 15

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Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	narticular client): New Hampshire Coalition Against the Death Penalty		
Date of Report (check	one):		
April 25, 2018 💢	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
I hereby swear or affirm complete to the best of		ief.	nt and each Addendum is true and
(Signature of lobbyist)		April	9, 2018
(Organiture of Loody 191)			(Date)
Periklis Karoutas			
(Print Name of lobbyist	·)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	one):		
April 25, 2018 💆	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
I have read RSA 15, R the following Addendu submitted):	SA 15-B, RSA 664, thums submitted with the	ne Statement of Income ar at Statement (insert the nu	nd Expenses described above, and amber of Addendum forms being
Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
I hereby swear or affirm complete to the best of (Signature of lobbyist)		ief.	at and each Addendum is true and 9, 2018 (Date)
Lann Max			
Leann Moccia			
(Print Name of lobbyist	:)		

State of New Hampshire

Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lot	bying parti	nership, firm, or corpo	oration: Legislative Solution	ons, L.L.C.
Name of Clie	ent (leave b	lank if Statement is fo	or the partnership, firm, or	r corporation and not related to any
particular cli	ent):	New Hampshire	e Coalition Against the De	ath Penalty
Date of Repo	ort (check d	ne):		
April 25, 20	18 5 2	July 25, 2018 🗆	October 31, 2018 □	January 30, 2019 □
the following submitted):	g Addendu	ms submitted with the		and Expenses described above, and number of Addendum forms being
X Add	endum A(s)			
Add	endum B(s)			
Add	endum C(s)			
•		n that the foregoing in my knowledge and bel	lief.	ent and each Addendum is true and
(Signature of	lobby ist)			(Date)
Chris Herr (Print Name	of lobbyist)		